## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

				-	lease read ir	[Please read instructions before completing and for Notice regarding public burden.]	ore completing	ng and for Not	ice regarding	public burder	12					
Name and Mailing Address of Respondent	Responde	2														
Emery Telcom Wireless, Inc. P.O. Box 629 Orangeville, UT 84537	less, Inc	•												Check his a char address.	Check here if this is a change of address.	
2. Year Report Filed		·ω	Reporting	Period (Endi	3. Reporting Period (Ending Date of Pay	y		4. Number o	4. Number of Full-Time Employees during	nployees dur	ing Selected					
2017			March	March 25, 2017	17			a. Reporting	<ul> <li>Keporting Period (check one):</li> <li>a. Fewer than 16 (complete Sections I, IV, and V only)</li> <li>b. 16 or more (complete all sections)</li> </ul>	k one): xomplete Sec plete all secti	tions I, IV, an	d V only)				
SECTION II - Full-Time Employees.	ees.	-														
								Num (Report empk	Number of Employees (Report employees in only one category)	yees one category						
Job									Race/Ethnicity	,						
Categories		Hispanic or	<sup>약</sup>						Not-Hispanic or Latino	ic or Latino						Total
		Lamb				Male	ile .					Female	nale			Columns A - N
	Maje		Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A		B	C	D	Е	F	6	Ξ	1	ſ	7	٦	×	z	0
Executive/Senior Level Officials and Managers	11															0
First/Mid-Level Officials and 1.	1.2															0
Professionals	22														-	0
Technicians	u															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	- 00					¥										0
Service Workers	9															0
TOTAL 1	10 0		0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 1	_==															0

Title of Person Signing Chief Financial Officer		This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.  (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5 Workers	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2 Managers	Executive/Senior Level Officials and Managers 1.1				Categories	Job		SECTION III - Part-Time Employees.
er	ledge, informed or Printed arren V	ommission ody having ommission parties inv	nation Com		0											Α	Male		_ II			es.
	nowledge, information, and belief, all state Typed or Printed Name of Person Signing Darren Woolsey	that no compla competent juri that the followi olved, date file	plaints Pursu		0											В	Female		Hispanic or			
	lief, all statem son Signing	ints regarding sdiction in suc sdiction in suc ng complaints ng complaints or aç	ant to 47 CFF		0											С	White					
OF ANY ST/	ents in this rep	violations of the high matters during alleging violations before	22.321, 23.5		0											D	Black or African American					
FALSE STAT	oort are true a	he equal empling the calending the calending the protions of the protions of the ma	5, 90.168, 101		0											ш	Native Hawailan or Other Pacific Islander	Male				
EMENTS MA	Signature	loyment provers year covers year covers of an oversions of an other has been	l.4, and 101.		0											F	Asian	क				
DE ON THIS STRUCTION F	mer	isions of Fede red by this rep ry equal empli n heard, file nu	311.		0											G	American Indian or Alaska Native				Num (Report emple	
FORM ARE F PERMIT (47 U		ral, state, terri ort. syment opport			0											Н	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	Number of Employees (Report employees in only one category)	
UNISHABLE .S.C. 312 (A)		itorial, or loca unity statute			0											1	White		ic or Latino		yees one category)	
BY PINE AND		I statutes have have been file and current s			0											ſ	Black or African American					
ORFEITURE	Telephone No. (435) 748-2223	been filed ag d against this tatus or dispo			0											Τ.	Native Hawalian or Other Pacific Islander	Female				
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).		painst this company.			0											L	Asian	ale				
					0											М	American Indian or Alaska Native					
					0											Z	Two or more races					
VOCATION				0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total			